## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9/16/2008	Address:	1202 SE 7 <sup>TH</sup> BOX 2
Case #:	33F28822		<u>LINTON, IN 47441</u>
County:	<u>GREENE</u>		••••
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (d  ☐ Residence ☐ Outbuilding ☐ Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: OPEN			
Water Reactive Metal (Lithium): OPEN			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: OPEN			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☒ No  *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephodrine/Pseudoephodrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: OTHER AGENCIES	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: LINTON FD	Fax: <u>HAND DELIVERED</u> Fax: <u>812-384-2037</u> Fax:	
Health Dep	artment: <u>GREENE CO</u>		
Child Prote	ction Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JON L. PATRICK</u> Phone <u>812-332-4411</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.